

EXHIBIT A

OFFICE OF THE MAYOR
SAN FRANCISCO



DANIEL LURIE
MAYOR

Executive Directive 25-02

Breaking the Cycle: Mayor Lurie's Vision for Tackling San Francisco's Homelessness and Behavioral Health Crisis

San Francisco faces a persistent homelessness and behavioral health crisis, despite government spending billions of dollars over decades. Every day, thousands of people struggle on the streets, caught in cycles of homelessness and addiction—enabled by cycles of government failure. The human cost is staggering: More than 8,000 people experience homelessness nightly, according to the 2024 Homelessness Point in Time Count Report, with thousands more at risk. Of those surveyed in the Point in Time Count, 51% self-report behavioral health challenges, either mental health challenges, addiction, or both. Roughly two people die every day from overdose in our city, and we must do things differently to save lives. Additionally, 36% experience chronic homelessness—continuously cycling through the city's systems without achieving stable housing—a clear indicator that the city's approach has not been working. San Francisco's current structure of health, homelessness, and family services is fragmented. Programs tend to develop in departmental silos without strongly integrated, data-driven decision-making. This fragmentation makes it challenging to determine the most effective intervention pathways for different populations and establish shared objectives and coordinated care across departments and providers. The result is duplicated efforts, disjointed care pathways, and missed intervention opportunities. Our fragmented system needs thoughtful and decisive reform to better help our most vulnerable residents while ensuring that public spaces remain safe and clean, and taxpayer resources are responsibly managed.

This directive outlines a framework that seeks to fundamentally transform this system with greater accountability, integrated service delivery, and outcomes that prioritize both compassionate care and responsible governance. The goals of this directive are: (1) a system that helps people achieve lasting stability, (2) cleaner and safer sidewalks, and (3) more responsible governance and accountable services.

Through this Executive Directive, I hereby direct the following:

Required Actions

All City Departments shall be responsible for achieving the goals set forth:

100-Day Actions

- Launch a new street teams model, integrating disparate teams into strategic neighborhood-based teams with enforcement, service and treatment, as well as cleaning capabilities with a goal to get people into care, and reclaim public spaces in compliance with all applicable legal requirements
- Invest in prevention and emergency assistance solutions that keep people at-risk of homelessness housed
- Deploy emergency vouchers as part of the interim housing expansion to help people immediately
- Implement reforms to enhance system flow, through better departmental integration and policies that accelerate progression to sustainable exits
- Reassess policies for distribution of fentanyl smoking supplies in public spaces and re-focus on access to longstanding evidence-based public health interventions (e.g., clean needle exchanges) alongside strategies to connect individuals to evidence-based treatment and recovery strategies
- Reform the general assistance / County Adult Assistance Program and service policies to prioritize San Francisco residents
- Merge Journey Home and Homeward Bound programs and improve the effectiveness of reconnecting recent arrivals who are homeless with their loved ones back home who can best care for them
- Mobilize philanthropic capital to support initiatives

Six-Month Actions

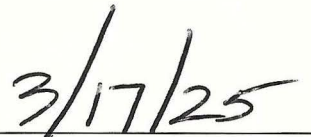
- Expand short-term response capacity by 1,500 interim housing and stabilization/treatment beds, including emergency shelter, hotel vouchers, transitional housing, stabilization centers, recovery and sober housing, and residential treatment to help move clients off the streets and indoors
- Expand treatment capacity and treatment beds at the right level of clinical intensity and structure, to improve care for those with behavioral health challenges and relieve pressure on Emergency Departments across the City
- Improve case management effectiveness to better serve clients through their journey out of homelessness
- Ensure accountability for providers and City departments, and improve service quality for clients by developing a new contracting standard for new and existing health and homelessness services with minimum qualifications, clear objectives, and performance tracking
- Begin the re-procurement of health and homelessness contracted services to refine the overall portfolio of services and enable better outcomes
- Encourage regional partners to build sufficient capacity to meet their responsibilities to their residents, as it is unsustainable for San Francisco to serve as the services hub for the region
- Work with Our City, Our Home (OCOH) oversight committee to review funding priorities and develop an adaptive spending model that prioritizes system outflow and enables adaptive spending flexibility to meet current needs

One-Year Actions

- Maximize Medi-Cal, CalAIM, and Proposition 1 funding across the homelessness and behavioral health system to expand and improve services while being better stewards of local funding
- Begin to improve technology and data systems to strengthen program effectiveness by supporting comprehensive client journeys, enabling seamless care coordination between providers, and facilitating accelerated and longitudinal performance tracking
- Further reform the Coordinated Entry system, Access Points, and related processes to enable more seamless coordination across department and placement into beds
- Help give clients the tools for sustainable independence by improving workforce development and economic self-sufficiency programming that provides personalized career pathways, job training aligned with market demands, financial literacy education, and ongoing support systems to break cycles of poverty and homelessness
- Evaluate the current organizational structure for health, homelessness, human services, and housing programs to explore potential adjustments that could improve accountability, coordination, efficiency, and overall service impact



Daniel Lurie
Mayor
City and County of San Francisco



Date